

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:41

DOCUMENT # B99000000295

1. Entity Name
 GREYHOUND FUND LIMITED PARTNERSHIP



Principal Place of Business 1862 MCCAULEY ROAD CLEARWATER, FL 33765	Mailing Address P.O. BOX 1558 CLEARWATER, FL 33757
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04252008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3588401	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLACK, RONALD J
 1000 ELDORADO AVENUE
 CLEARWATER, FL 33767

7. Name and Address of New Registered Agent

Name Richard P. Tinkelenberg
Street Address (P.O. Box Number is Not Acceptable) 1216 Nelson Avenue
City Clearwater FL Zip Code 33755-3652

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard P. Tinkelenberg*
 Signature, typed or printed name of registered agent and title if applicable.

Richard P. Tinkelenberg

April 25, 2008

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	B96000000008
NAME	BULLDOG CAPITAL MANAGEMENT LIMITED PTNRSH
STREET ADDRESS	1862 MCCAULEY ROAD
CITY-ST-ZIP	CLEARWATER, FL 33765

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600128363046
CITY-ST-ZIP	05/05/08--01015--013 **\$500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

R. Pollack

Ronald J. Pollack

April 28, 2008

727-725-5225